



State of Vermont
Department of Health
Newborn Screening Program
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Agency of Human Services

Request for and Documentation of Destruction of Newborn Filter Paper Specimen

I request that the Vermont Department of Health Newborn Screening Program (VNBSP) direct the New England Newborn Screening Program (NENSP) to destroy all blood specimens remaining after newborn screening analysis is complete, on the specimen(s) collected on the following baby and submitted to NENSP. A separate form is required for each baby.

Specimen Identification

Sex Male _____ Female _____

Newborn: Date of Birth _____ If a multiple birth, birth order (twin #1, #2, etc.) _____

Last Name _____ First Name _____

Hospital of Birth _____ Hospital of Transfer _____

Mother: Last name _____ First Name _____

Any additional names by which the baby or mother may have been known at the time of collection:

Documentation of Parental Request – both must be signed

Signature of legal guardian (parent or other) 1: _____
Printed name of legal guardian 1: _____
Date: _____

Signature of legal guardian (parent or other) 2*: _____
Printed name of legal guardian 2: _____
Date: _____

**Signature by same individual for both guardian 1 and guardian 2 is documentation of the claim by guardian 1 that only one legal guardian exists at the time of the signature.*

For Internal Use by NENSP Only

Specimen ID #	Retrieval Required?	Date of Destruction	Signature	Comments

No specimen(s) or parts of specimens on the above-named baby remain(s) in the possession of the New England Newborn Screening Program.

Printed Name _____

Signature _____

Date _____